

City of Greensboro POLICE

March 12, 2008

Dear Volunteer:

Thank you for your interest in becoming a Volunteer Instructor for Safety Town 2008. Safety Town is located at Lewis Recreation Center. We will have 6 sessions for a total summer enrollment of 600 students. The students will consist of 5 and 6 year olds from our community.

Each session is limited to 30 volunteer instructors. You may select as many sessions as you wish, but we request that you only sign up for those sessions that you can work the entire two week session.

I have enclosed an application and information about this summer's program. If you plan to volunteer this year, please complete the application/waiver form and return it to me as soon as possible. Please mail your application (including a self addressed stamped envelope) to:

Corporal R.S. McDonald /Safety Town Greensboro Police Department/Southern Operations 2602 S. Elm-Eugene Street Greensboro, N.C. 27406

There will be an "Orientation /Training Session" scheduled for <u>Thursday, June 12th from 10am until noon</u>. This training will be held at Safety Town located at Lewis Recreation Center off Pisgah Church Rd. Lunch will be provided during the training session. It is very important you attend this training. If you cannot attend, please contact me at 373-2070.

You will be contacted by mail to confirm application and assignments. If you have not been contacted by June 2nd, please call me at 373-2070 to confirm.

Sincerely,

Corporal R.S. McDonald Special Operations Division School Safety Officer

Safety Town 2008 Volunteer Instructor Application

PLEASE PRIN	Γ INFORMATION IN BLAC	K INK — ANSWER A	LL QUESTIONS	
First Name:	Middle Initial:	Last Name:		
Street Address:				
City:		State:	Zip Code:	
Email address:				
Home Telephone:	Pager/Mobil	e Number:	Age:	
How do you wish to be notified School:	of your confirmation? A	bove email 🚨 <u>OR</u>		
Emergency Contact Person:		Relation:		
Home Telephone:	Work Telephone:	Pag	ger/Mobile:	
Please check the appropriate b	ooxes: 🛘 Male 🚨 Femal	e		
Have you volunteered at Safet	/ Town before? ☐ Yes ☐	No If yes, when	?	
Do you have ANY medical or pl □ Yes □ No If yes, explain	=			
Do you take prescription medic	cation? 🗆 Yes 🚨 No 🛭 I	f yes, what?		
Are you a diabetic? 🗖 Yes 📮	No			
Do you suffer from allergies? ${\sf L}$	Yes D No If yes, ple	ase explain:		
Listed below are the session dates wish to volunteer for. You may volunated at Safety Town each day that you sig	eer for more than one session			-



☐ Session 1	June 16 – June 27	9:00am - 11:00am
☐ Session 2	June 16 – June 27	1:00pm - 3:00pm
☐ Session 3	July 21 – August 1	9:00am - 11:00am
☐ Session 4	July 21 - August 1	1:00pm - 3:00pm
☐ Session 5	August 4 - August 15	9:00am - 11:00am
☐ Session 6	August 4 - August 15	1:00pm - 3:00pm

How did you hear about Safety Town? ______

There will be a maximum of 25 volunteers selected to work each session. You may volunteer for more than one session, but you must work every day of each session you sign up for. You will be notified by mail if your application has been accepted and what day Volunteer Training will take place. If you have not been notified by June 2, 2008, or have questions concerning volunteer instructors, please contact Corporal R.S. McDonald at 373-2070 or safetytown@greensboro-nc.gov. ALL APPLICATIONS (INCLUDING A SELF-ADDRESSED, STAMPED ENVELOPE) MUST BE MAILED OR HAND-DELIVERED TO: Corporal R.S. McDonald/Safety Town, Greensboro Police Department, 2602 South Elm-Eugene Street, Greensboro, NC 27406.

Safety Town Waiver and Release

PLEASE PRINT INFORMATION IN BLACK INK

I/We,	, parents/guardians of
, :	ninor child and his/her heirs, executors, administrators o
Greensboro, its officers, agents and employee	, demands, actions or causes of action, against the City or s, of whatever kind or nature which may arise in any man perty or both while such child is participating in the Safet
<u> </u>	ne City of Greensboro, its officers, agents or employees fo ccount of injury to said minor child's person or property o she is participating in this program.
tures, news releases, and other documentary	mes made of the participants of Safety Town for class pic purposes. I hereby authorize the use of my child's picture by any radio, television, newspaper, City of Greensbord and employees of the Safety Town Program.
	rmless the City of Greensboro, it officers, agents and em to claims for wrongful death, arising in any manner to said this program.
I/We have read the foregoing waiver and codocument.	venant and understand that it constitutes a formal lega
By my/our signature(s), I/we give consent fo Town/Bicycle Safety Program for the year of 2	r the above listed minor child to participate in the Safet 2008.
Signature of Parent/Guardian:	Date: